

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023309

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

721

FILED JUN 19 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Joseph,

Length of stay in 1b

46 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Meth. Hosp. & Med. Center

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY

OR TOWN St. Joseph,

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1215 Isadore Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First SADIE

Middle EMMA

Last HAYNES

4. DATE OF DEATH

Month June

Day 11,

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Mar. 12, 1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Employee

10b. KIND OF BUSINESS OR INDUSTRY

Keller Furriers

11. BIRTHPLACE (City and state or country)

Nunica, Mich.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Stenrod Hartley

13b. MOTHER'S MAIDEN NAME

Emma Easterly

14. NAME OF HUSBAND OR WIFE

Andrew Culbertson Haynes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Daughter

Address

Mrs. Thelma Bunche-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cardiac respiration accident

INTERVAL BETWEEN ONSET AND DEATH

6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-4-63

to 6-11-63

and last saw her alive on 6-10-63

Death occurred at

6:20 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. L. Maginn MD

22b. ADDRESS

702 E. 1st St. St. Joseph, Mo

22c. DATE SIGNED

6-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

June 17, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

CERTIFICATION

R. L. Maginn MD

VS 300  
Rev. 4/59

DATE AMENDED

1 5117

2 5117

3

4 1

5 2

6

7 1

8 2

9 331X

10

11

12 2-0

13 1-0

Permit issued 6-13-63

2118  
2114

1 2 1 2

0-8

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Frederick J. Chene*

Licensed Embalmer No. \_\_\_\_\_

4672

P. O. Address \_\_\_\_\_

St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.